

Name
in
Full

Infant Andrews

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Wenona		Town	Somerset County		MARYLAND		
Date of death 1908	Month 6	Day 17	Age —	Years —	Months —	Days 9	
Sex Female	Color or Race	White —		Birth- place	Wenona		
Occupation — —	Where Residing if not at place of death. Wenona						
Married, Single or Widowed —	Name of Wife or Husband —						
Father's Name Arthur Andrews			Father's Birthplace Maryland				
Mother's Maiden Name Gertrude Daniel			Mother's Birthplace "				
Name of person giving information Arthur Andrews			How related to deceased Father				

CAUSES OF DEATH

(71)

PHYSICIAN
OR CORONER

Primary

Eclampsia

How long

3 hours

Immediate

Aphexia

How long

30 min.

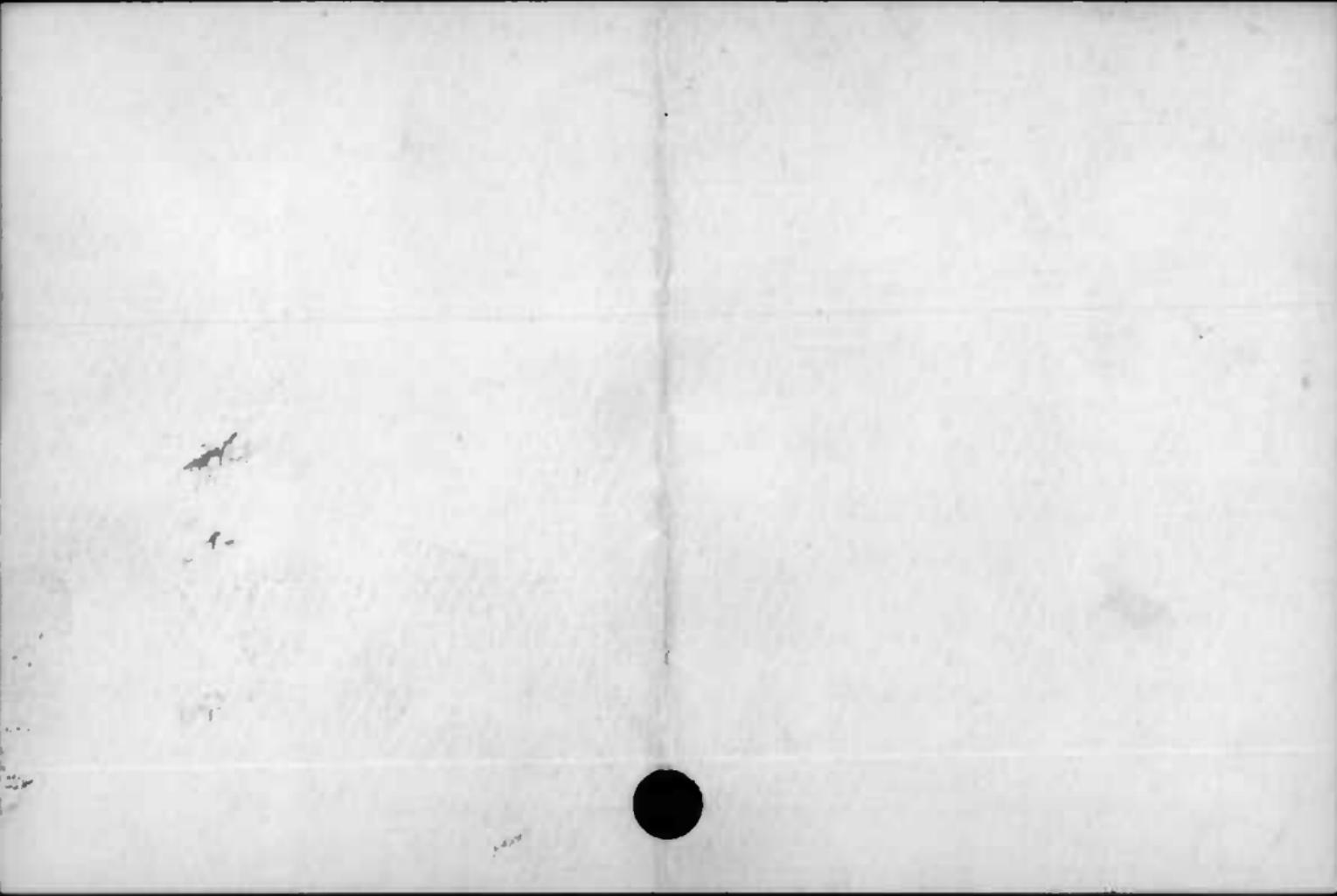
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. G. Alexander
Somerset Co.

Accident or Suicide?



Name
in
Full

Wm. Henry Ball

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month June	Day 18	Age 21	Years	Months Days
Sex Male	Color or Race Colored	Birth-place Md. Airment			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Wm. Henry Ball	Father's Birthplace Va.				
Mother's Maiden Name Lizzie Ball	Mother's Birthplace Passaic				
Name of person giving information Leo Noell	How related to deceased Niece				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Gun-shot wound of abdomen

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

B. W. Bill

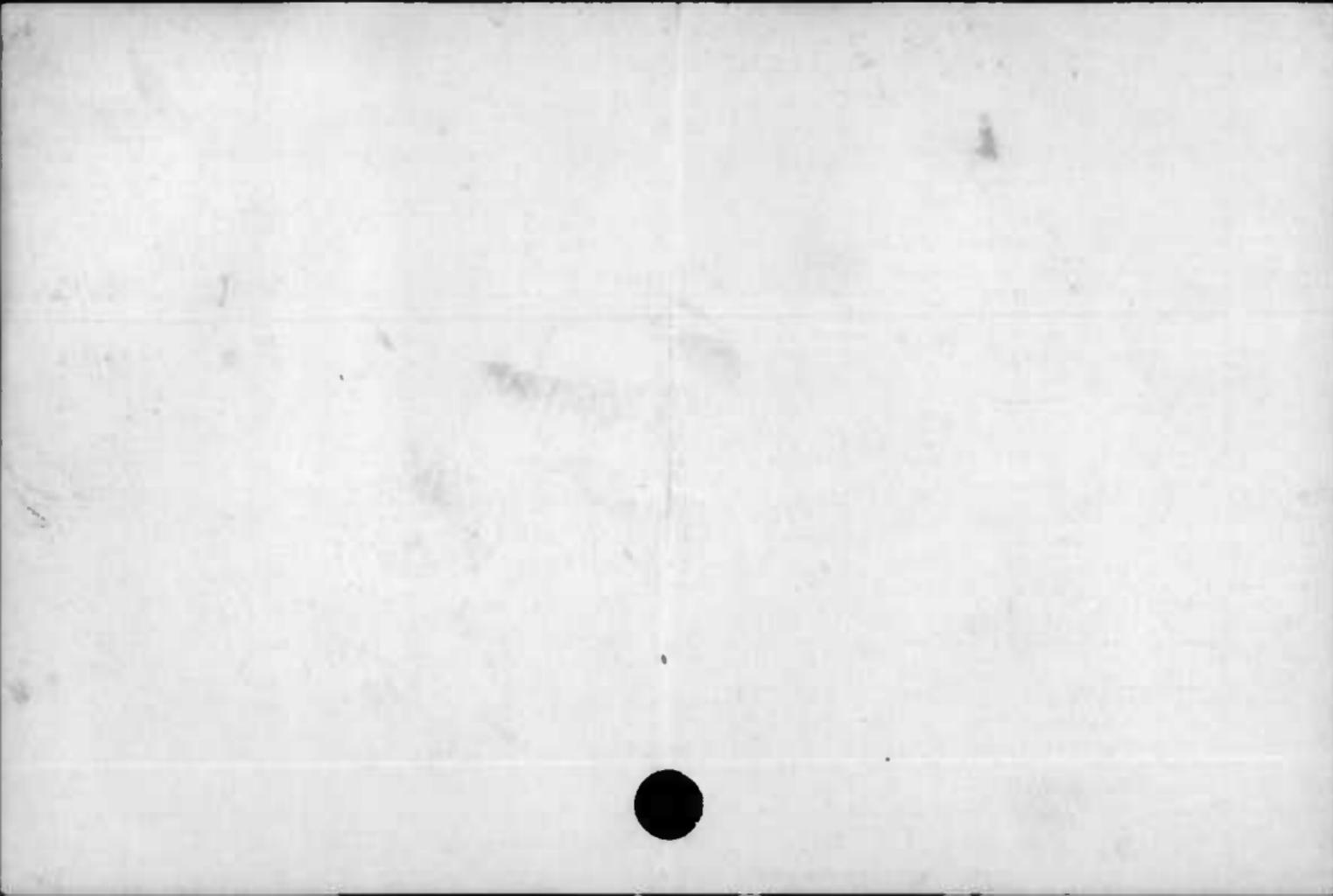
Address

No man alive

Accident or Suicide?

Homicidal

Md.



Name
in
Full

Elisha J. Grubly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband				
Father's Name	Anna Boston				
Mother's Maiden Name	Grubly				
Name of person giving information	Milkey Ann				
Primary	Samuel Grubly				
Immediate	Cardiac Failure				
CAUSES OF DEATH					
179					
How long					
300-4 yr					
How long					
Signature of Physician					
Address					

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

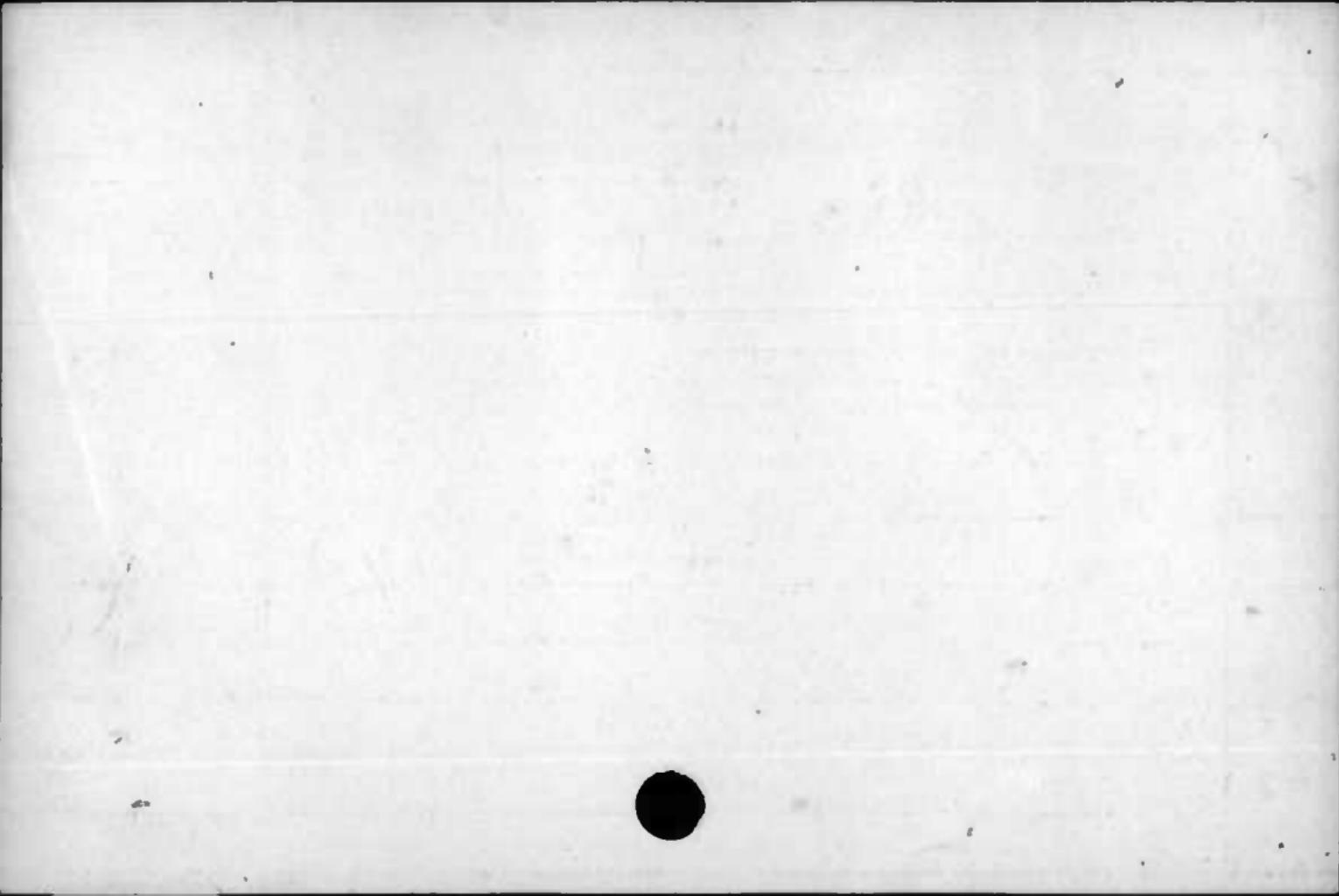
yes

Signature of Physician

Dr. L. G. B. Alley

Maryland
Md

Accident or Suicide?



Name
in
Full

Hattie Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of wife or Husband	Elvie A. Johnson	
Father's Name	James Townsend		Father's Birthplace
Mother's Maiden Name	Dr. Agat Brown		Mother's Birthplace
Name of person giving Information	John J. Warren		How related to deceased

CAUSES OF DEATH

42

How long

1¹/₂
2 weeks.

How long

PHYSICIAN
OR CORONER

Primary

Cancer of uterus

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. M. Wilcox
Somerside City

Accident or Suicide?



Lizzie Johnson

CERTIFICATE OF DEATH

Died at <u>Marion</u>		Town	County <u>Somerset</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>28</u>	Years <u>19</u>	Months		Days
Sex <u>Female</u>	Color or Race <u>Bloot</u>			Birth-place <u>Somerset co</u>		
Occupation <u>Housework</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Peter Johnson</u>				Father's Birthplace <u>Somerset</u>	
Father's Name <u>Joseph Jarrell</u>				Mother's Birthplace <u>" co</u>		
Mother's Maiden Name <u>Mary Horsay</u>				How related to deceased <u>Niece</u>		
Name of person giving information <u>Elestra Worley</u>						
CAUSES OF DEATH						
Primary <u>Tuberculosis</u>				27		
Immediate <u>General Exhaustion</u>				<u>6 mos</u>		

Are the name, age, sex, color, date and place correctly given above?

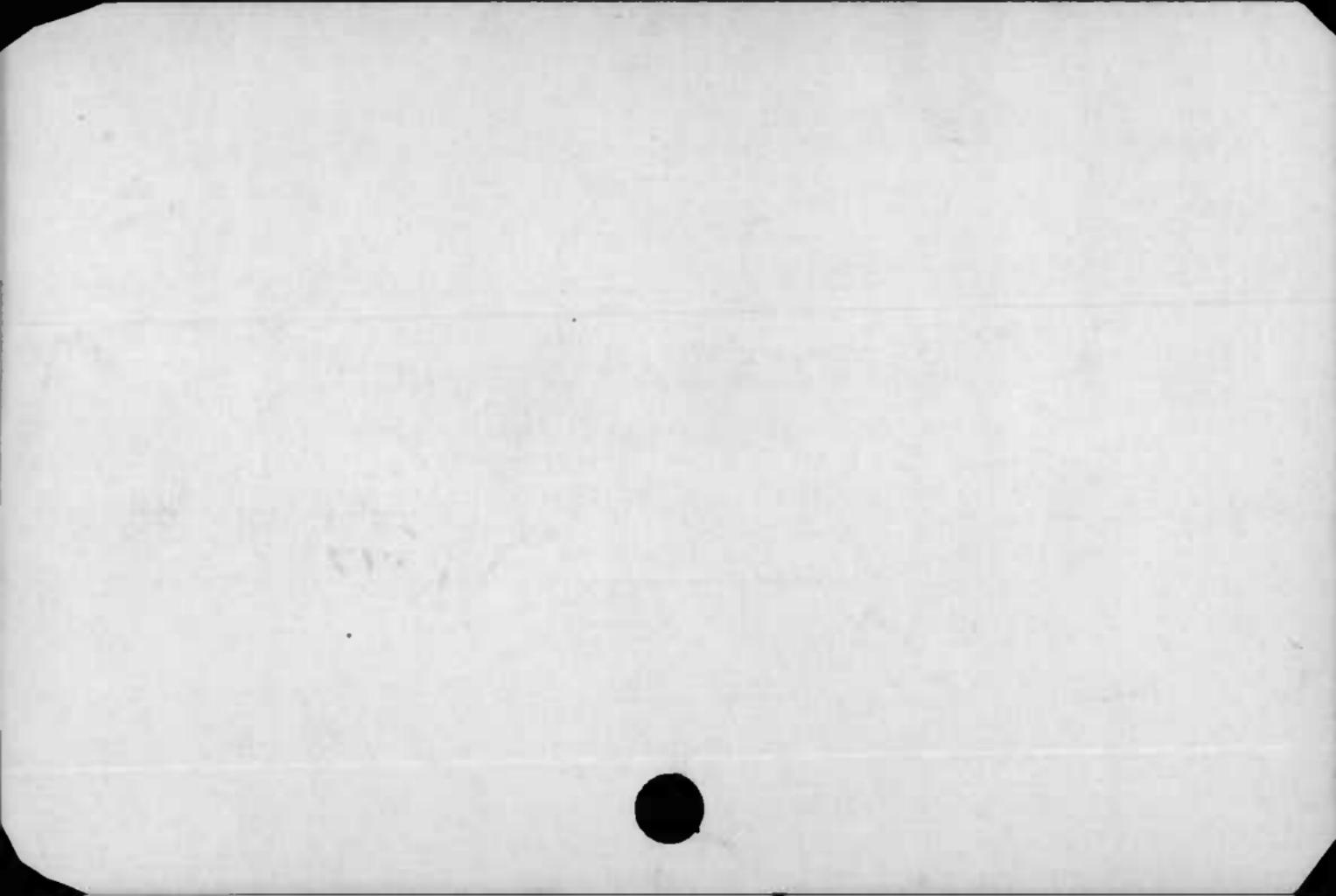
yes

Signature of Physician

Address

Dr. L. Allen,Marion.
Mo.

Accident or Suicide?



Name
in
Full

Sarah Lankford

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND	
Died at <u>Near Marion</u>	Month	Day	Years	Months	Days
Date of death <u>1908</u>	<u>June</u>	<u>26</u>	<u>70</u>	<u>5</u>	<u>17</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Somerset Co</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death				
Mother, Sorel Widowed	Name of Wife or Husband <u>Arthur Lankford</u>	Father's Birthplace <u>Somerset Co</u>			
Father's Name <u>Joseph Handy</u>	Mother's Maiden Name <u>Hannie Horsey</u>	Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Liaq Johnston</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

179

Primary

General Debility

How long

2 or 3 yrs

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date and place correctly given above?

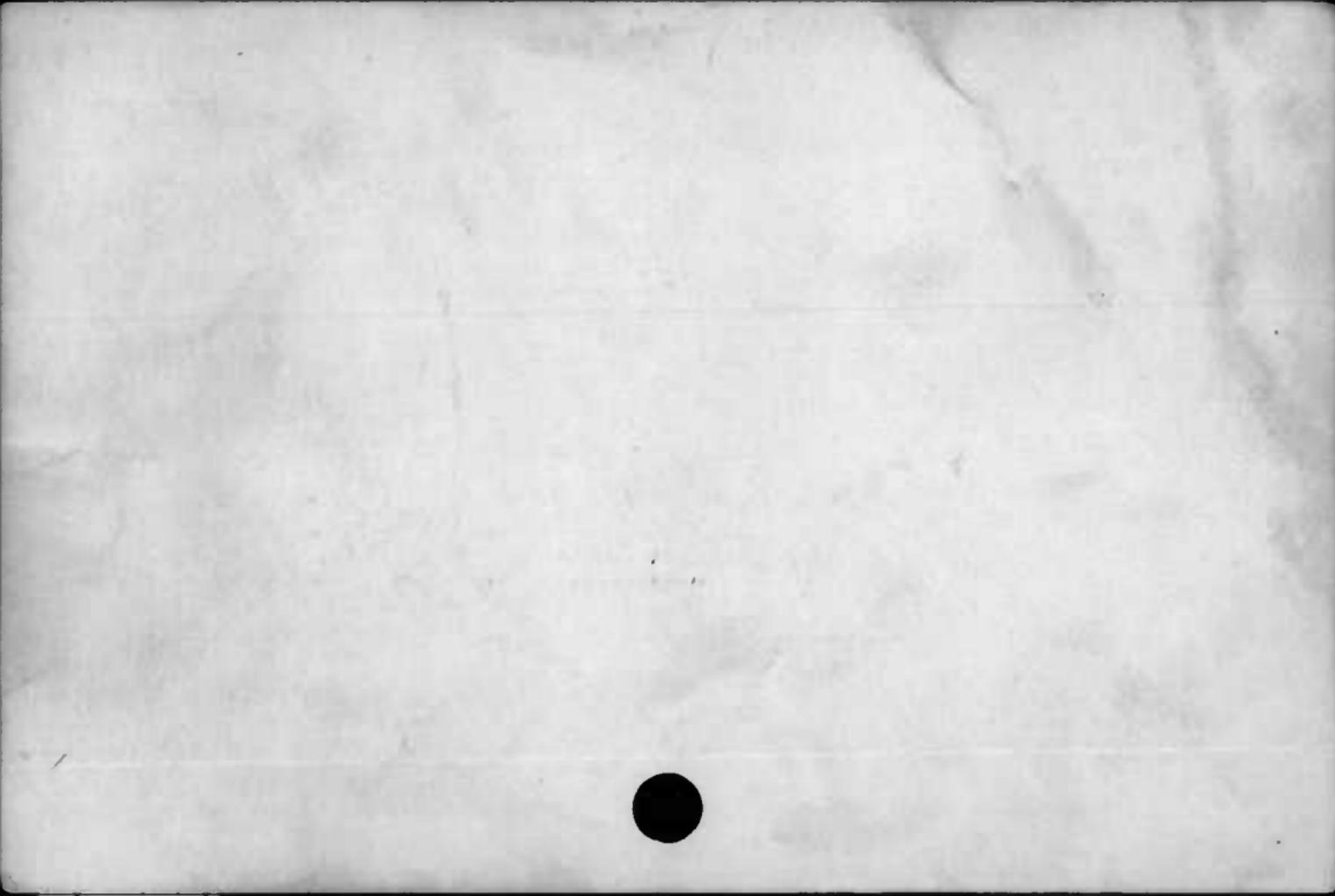
Signature of Physician

Address

Dr. J. Q. B. Alley
Marion.
Ind.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Wm H. Lokey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name		Father's Birthplace	MD
Mother's Maiden Name		Mother's Birthplace	MD
Name of person giving information		How related to deceased	wife

1908 June 2 Age 36

Male white MD

Grocery Clerk

Married Virginia Lokey.

Bev Lokey

Margarette L

Virginia Lokey ✓

CAUSES OF DEATH

47

Primary

Inflammatory Rheumatism + Pneumonia.

Immediate

Cardiac Failure

How long

9 days

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

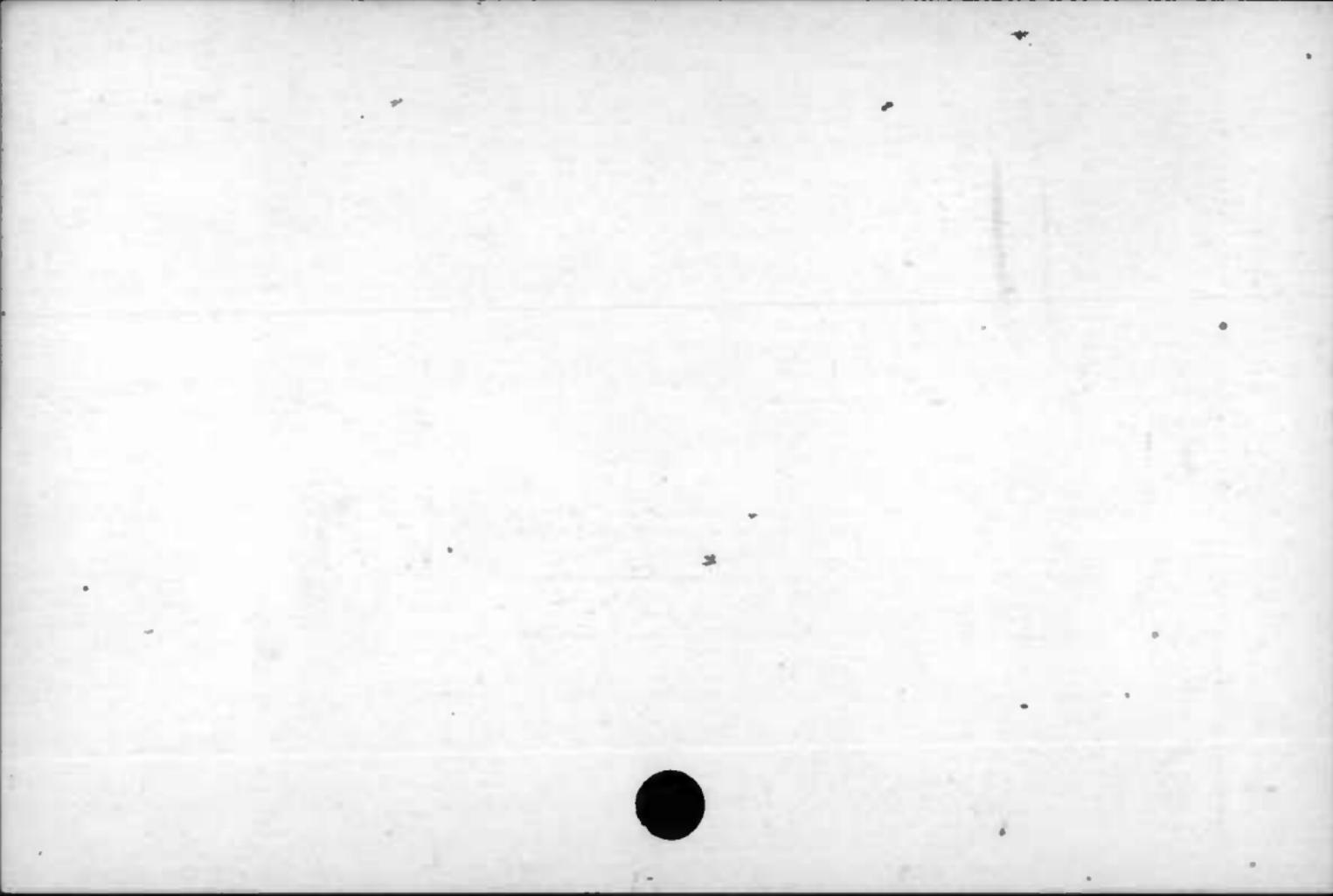
Signature of Physician

Dr. J. A. B. Allen

Address

Maryland

Accident or Suicide?



Name
in
Full

Infant - Mc Grath

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1908	Month June	Day 24	Years — 10	Months 5-	Days 18
Sex	Male		Color or Race	White		Birthplace Somerset-leo
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Infant		Name of Wife or Husband	—		
Father's Name	John McGrath		Father's Birthplace	Somerset-leo		
Mother's Maiden Name	Mellie Thomas		Mother's Birthplace	Somerset-leo		
Name of person giving information	—		How related to deceased	—		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Enterobollitis

How long

about a month

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. E. Dickinson
Upper Fairmount

Accident or Suicide?



Thos. W. Landon Esq
Landonville
Md.

Name
in
Full

William A. Muir

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Resting if not at place of death			
Occupation	Commission Merch				
Married Single or Widower	Name of Wife or Husband	Father's Birthplace			
Father's Name	John Muir	Mother's Birthplace			
Mother's Maiden Name	Unknown	How related to deceased			
Name of person living in family	John Muir Jr.	Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	A Cate Gostutis	64
Immediate	Cerebral apoplexy	How long about 4 hrs.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Coulbourne,
		Address Cushfield, Md.
Accident or Suicide?	No	



Name
in
Full

Hilton Henry Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	9	2
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Rhodes Point Somerset

June 21

White

Rhodes Point, Md.

Edward Moore

Minnie L. Moore

Edward Moore

Rhodes Point, Md.

Athel

Father

CAUSES OF DEATH

88

PHYSICIAN
OR CORONER

Primary

Acute Laryngitis

How long

7 days

Immediate

Obstructing Larynx

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

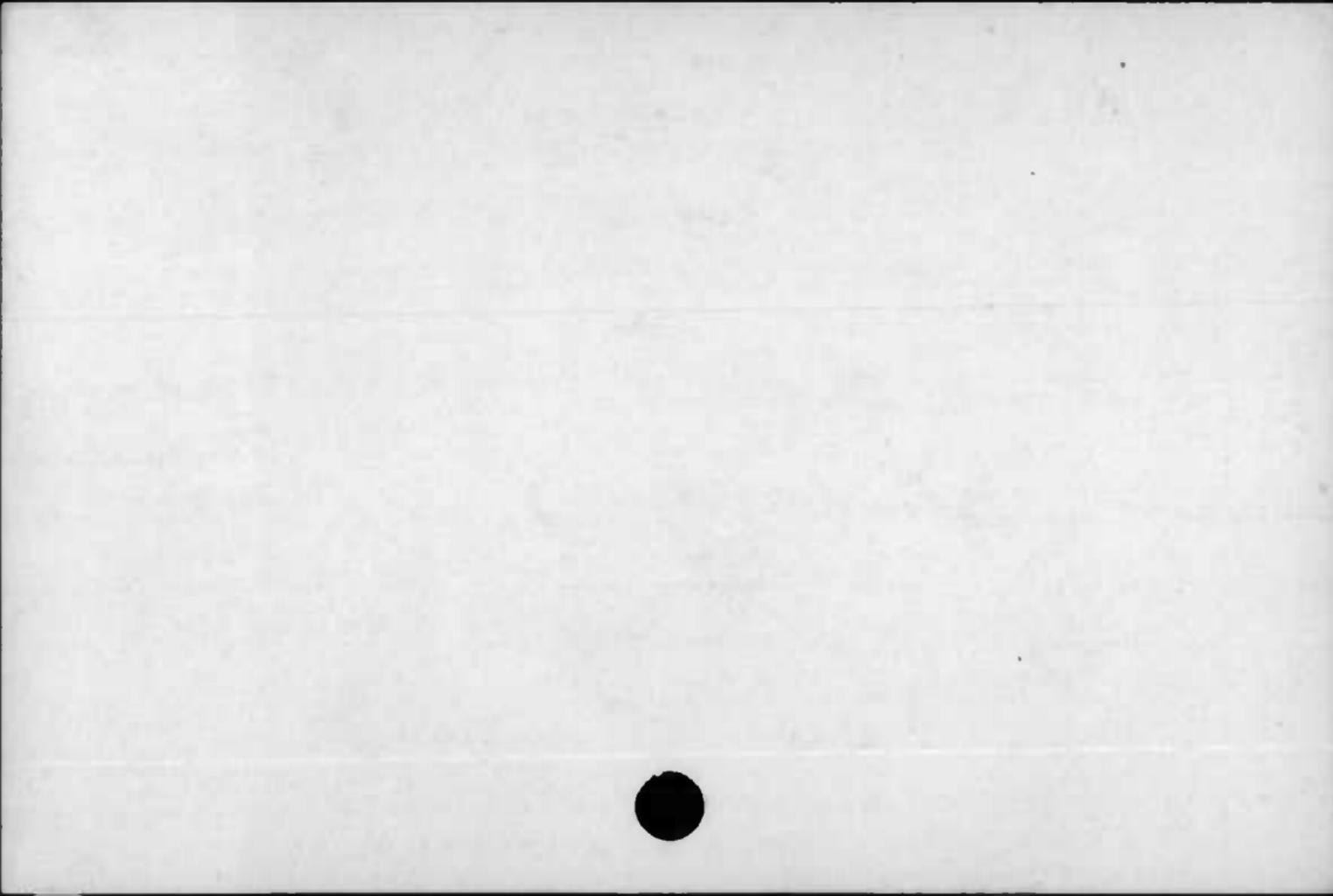
Address

P.H. Guiver

Gowell,

Md

Accident or Suicide?



Name
in
Full

Mabel E Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Somerset			County	MARYLAND	
Died at	Shelton	Month	6	Years	—	Months
Date of death	1908	Month	6	Age	—	Days
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	Infant	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			+	
Father's Name	Archie Powell			Father's Birthplace	Md.	
Mother's Maiden Name	Emma Powell			Mother's Birthplace	Md	
Name of person giving Information	J. J. Hall			How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Strangling Cough & Constipation
Immediata Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

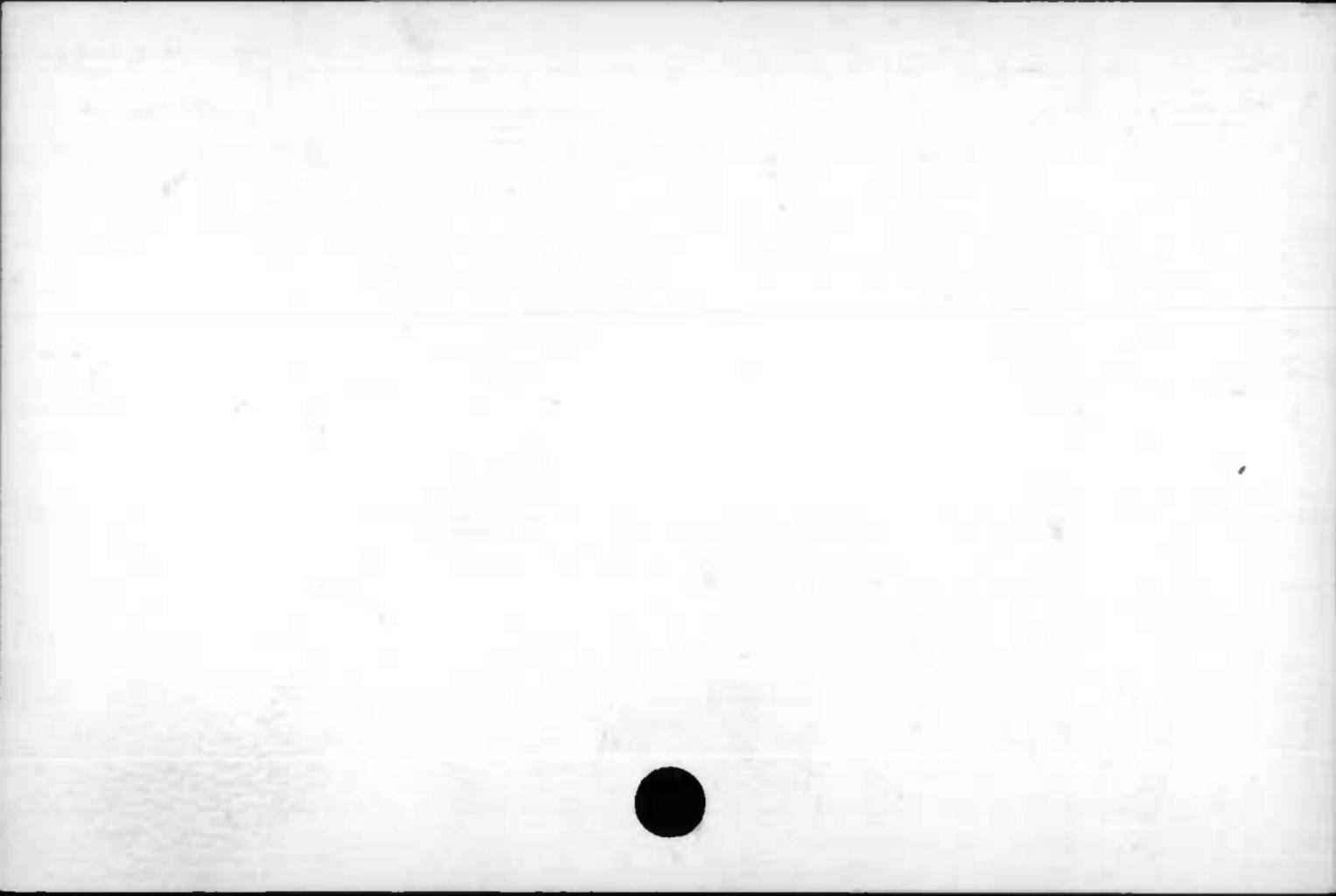
90

How long

once birth

Accident or Suicide

none in attendance
Geo. W. Riddle
Sub. Reg. Dublin Dist.



Name
in
Full

Lawrence L. Pussey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Pomona Home		Somerset	
Date of death	Month	Day	Years Months Days
1908	6	3	Age 1 8 0
Sex	Color or Race	Where Residing if not at place of death	
male	White	✓	
Occupation			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Single	✓	Pomona L. Pussey	
Father's Name		Mother's Birthplace	
Mother's Maiden Name	Alice Brown	✓	11
Name of person giving information		How related to deceased	

CAUSES OF DEATH

95

How long

One day

How long

Primary: Congenital Malformations

Immediate: Asthma

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

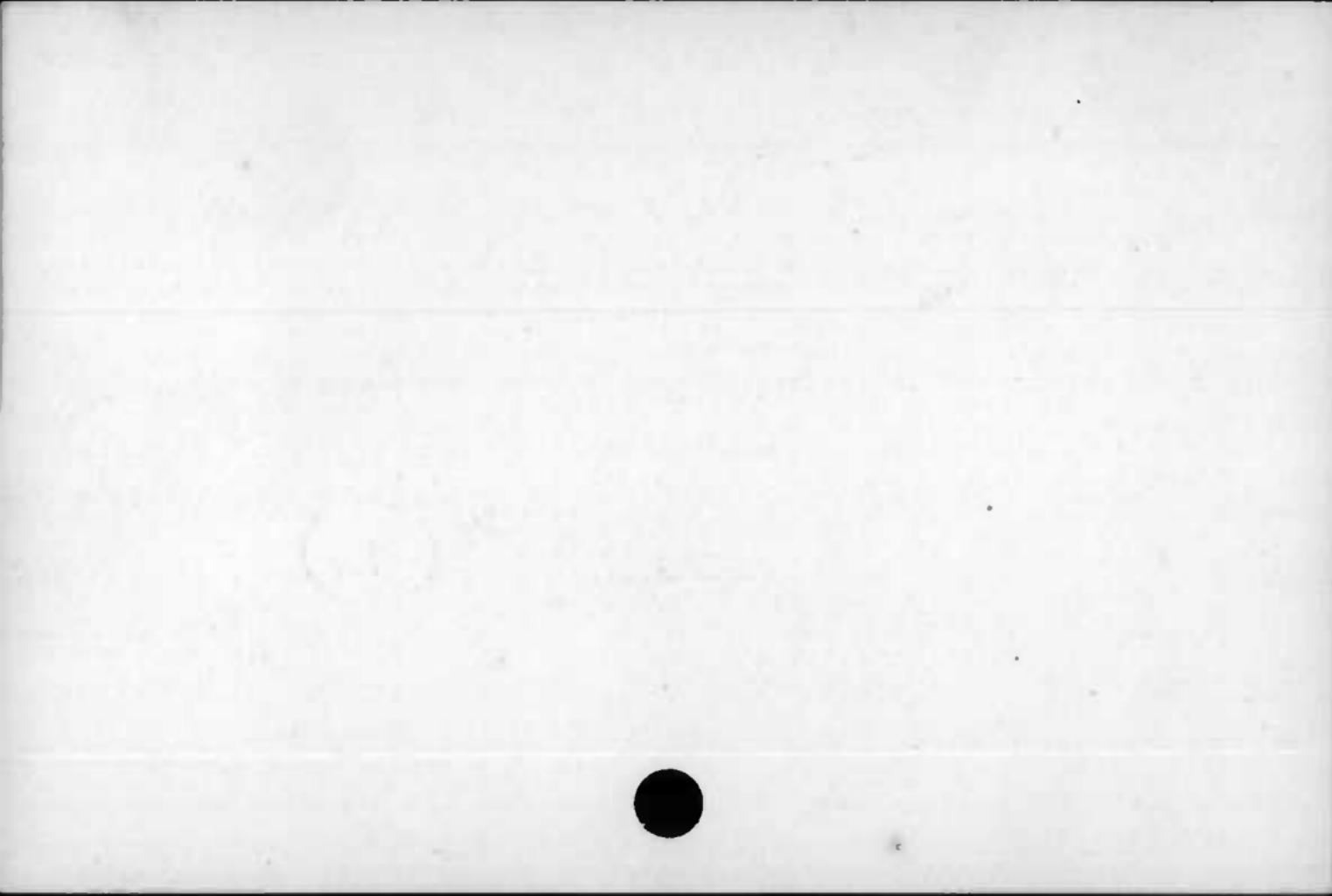
Signature of Physician

W. Smith

Address

Dr. Brown M.D.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John W. Rayfield

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Died at	Emfield	Somerset			
Date of death	Month	Day	Years	Months	Days
1908	June	9	35		
Sex	Male	Color or Race	Black	Birth-place	Emfield Md
Occupation	Printer	Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband	Mary Massey	Father's Birthplace	Emfield Md
Father's Name	John Rayfield				
Mother's Maiden Name	Leah Johnson	Father's Birthplace	Emfield Md		
Name of person giving information	John Rayfield	How related to deceased	Brother		

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Pulm. Consumption

one year

Immediate

Diarrhoea

one week

Are the name, age, sex, color, date and place correctly given above?

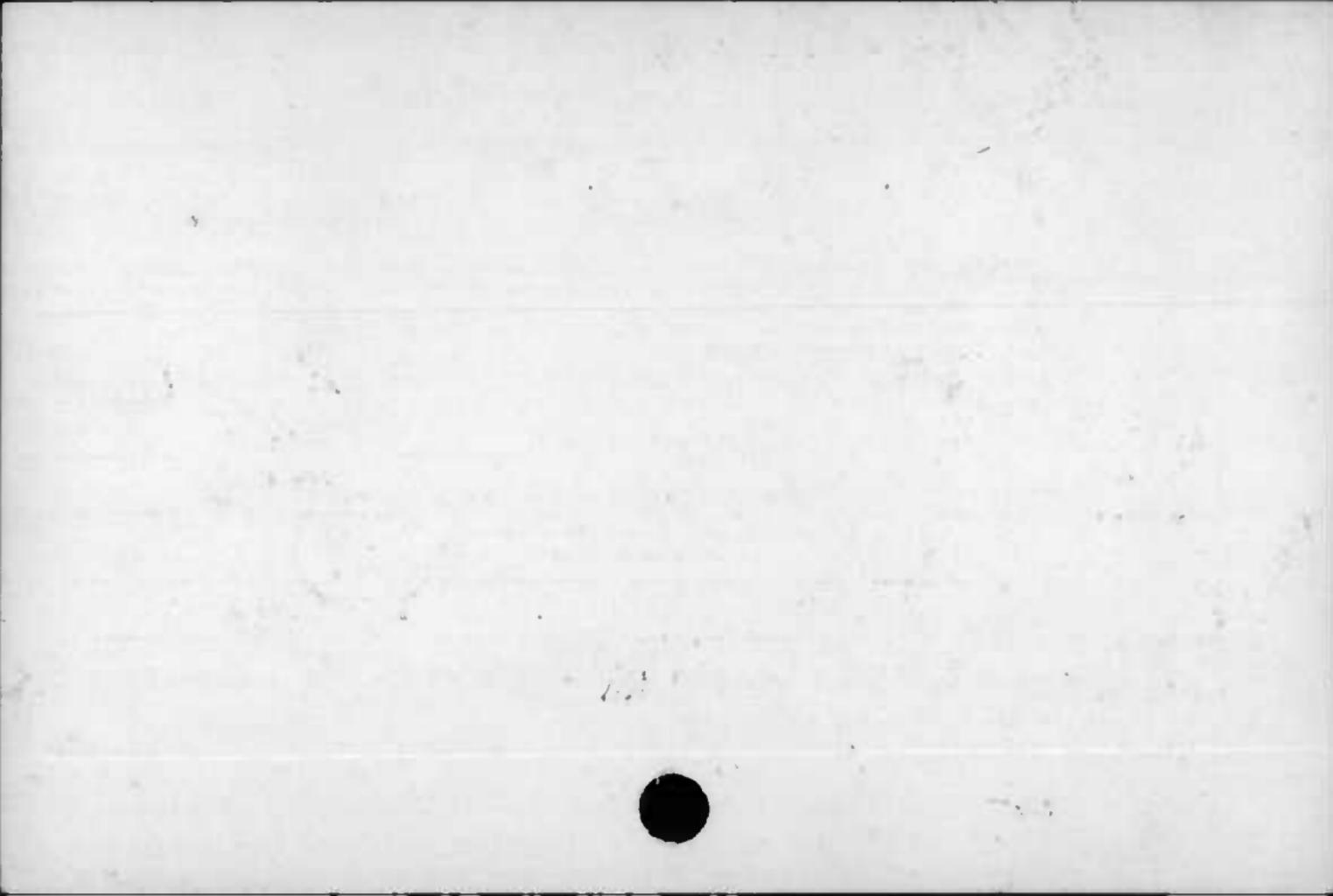
yes

Signature of Physician

Address

W. H. Hale
Emfield

Accident or Suicide?



Name
in
Full

William E. Roach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Color or Race	Birth:					
Occupation	Where Born if not at place of birth						
Married, Single or Widow	Name of Wife or Husband	Name of Father's Name					
Mother's Maiden Name	Mother's Name						
Name of person giving Information	Name of Person giving Information						

Busfield Somerset

Male - White Busfield Md

Insurance agt Busfield, Md

Married Lizzie Roach

William Roach

Caroline Gandy

Carrie Coulbourn

Stomach & Kidney Disease

CAUSES OF DEATH

Canned meat Crabs Cabbage
Primary - Sennage Soda Chloroform
Souraine Poison-mouse

175

How long

How long

Stomach & Kidney Disease - don't know

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

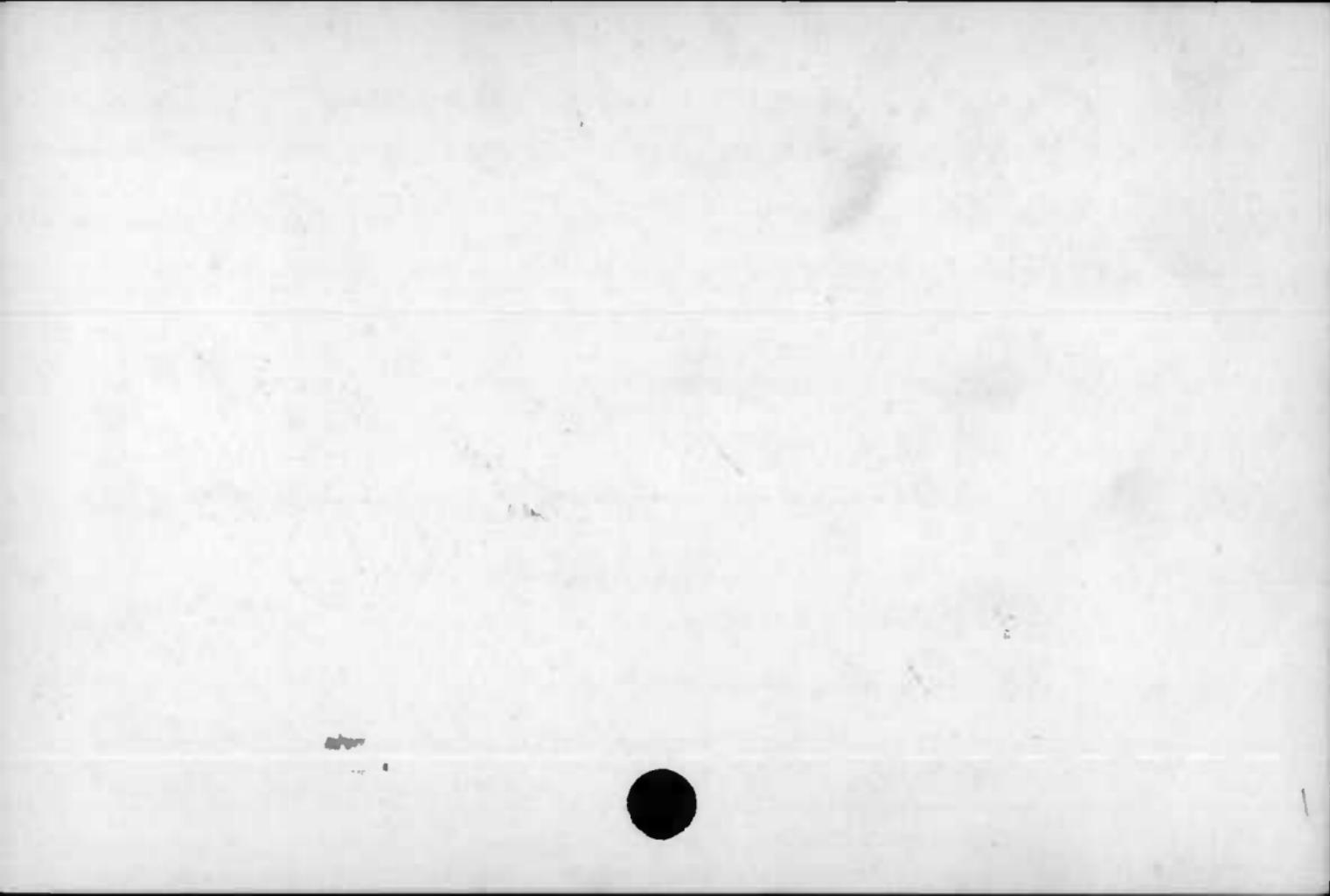
Address

yes

No

H. Coulbourn
Busfield
Md

PHYSICIAN
OR CORONER

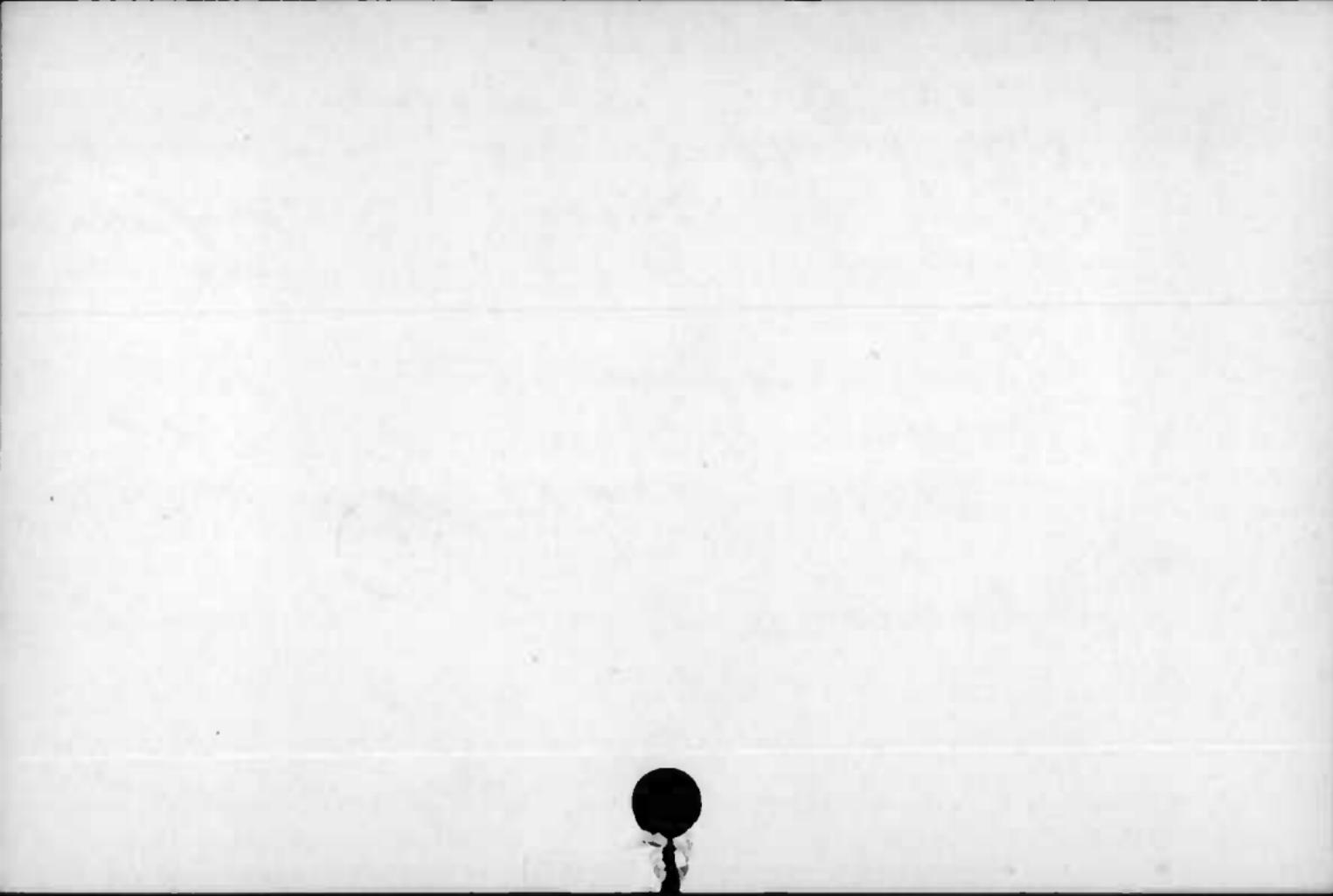


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH						
Died at	Own	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	-
Sex	male	Color or Race	white	Birth-place	Virginia	
Occupation	Oysterman	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Melissa Daze	Father's Birthplace	Va	
Father's Name	Don't Know			Mother's Birthplace	Va	
Mother's Maiden Name	Unknown			How related to deceased	wife	
Name of person giving information	Melissa Scott			(68)		
CAUSES OF DEATH						
Primary	Dementia			How long	one year	
Immediate	Exhaustion			How long	-	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	W. F. Haile		
			Address	Cnfield Md		
Accident or Suicide?			no			



Name
in
Full

Mariam Scriber

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

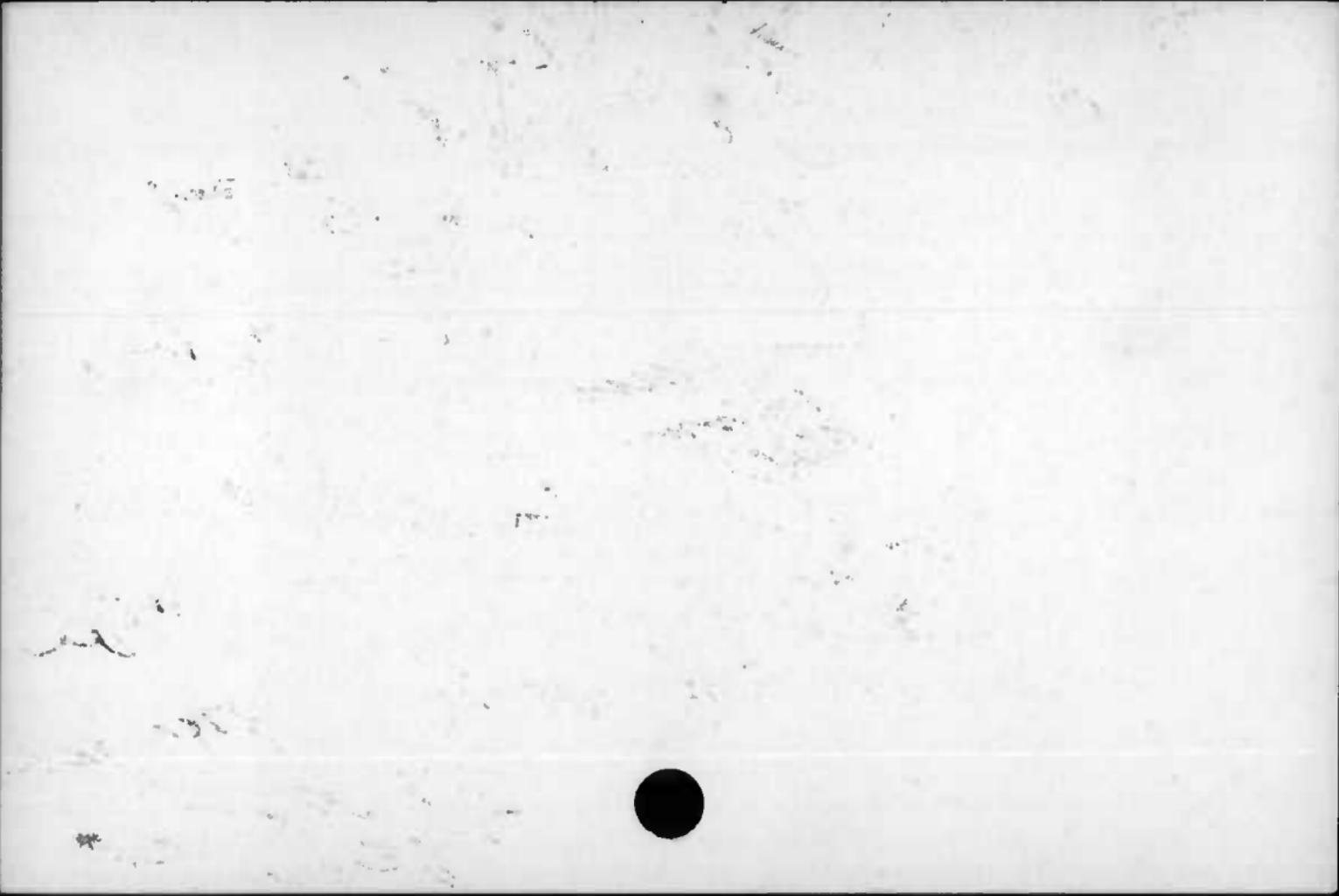
Died at	Crifield	County	MARYLAND
Date of death	1908 June 15	Age	Years 14 Months - Days -
Sex	Female	Color or Race	Black
Occupation	School	Where Residing if not at place of death	-
Married, Single or Widowed	Single	Name of Wife or Husband	+
Father's Name	Abraham Scriber	Father's Birthplace	MD
Mother's Maiden Name	Matilda William	Mother's Birthplace	MD
Name of person giving Information	Matilda Scriber	How related to deceased	Mother

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Tuberculosis Pectoral	How long	6 months
Immediate	-	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	N.F. Hale
		Address	Crifield MD
Accident or Suicide?	no		



Name
in
Full

Agnes Marie Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	—	5	13
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Cleveland Taylor				
Mother's Maiden Name	Mary Taylor				
Name of person giving information	Father's Birthplace Maryland				
	Mother's Birthplace Maryland				
	How related to deceased				

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary *Pneumonia*

How long

/ week

Immediate *General exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. L. G. B. Allen.

Address

Marion, Md.

Accident or Suicide?

華

Name
in
Full

Calvin Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

Wrenon Somerset Maryland
1908 6 19 58 - -
Male White
Sailor Wrenon
Married John Maryland
Mary Williams
John Jones Brother
Ernest Jones

CAUSES OF DEATH

PHYSICIAN,
OR CORONER

Primary

Concussion Hemorrhage

64

How long

15 days

Immediate

Asthma

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

I. H. Alexander
Somerset Co.

Filed by Underwriter

Accident or Suicide?



Name
in
Full

Hilda Francis Tyler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	June	17	Age		9
Sex	Female	Color or Race	White	Birth-place	Smiths Island
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lawson Tyler		Father's Birthplace	Smiths Isld.	
Mother's Maiden Name	Jessie Clegg		Mother's Birthplace	Smiths Isld	
Name of person giving Information	Lawson Tyler		How related to deceased	Mother	

CAUSES OF DEATH

151

How long

9 days.

How long

Primary

Alektocisis

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P.H. Tamm,
Gowell,
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

William Asberry Tyler

Town

Died at

Covell

County

Somerset

MARYLAND

Date
of death

1908

Month

Day

Years

Age 19

Months

1

Days

19

Sex

Male

Color or
Race

White

Birth-
place

South's Island

Occupation

Oysterman & Grabber

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Asberry Allen Tyler

Father's
Birthplace

South's Island

Mother's
Maiden Name

Eliza Barbara Jones

Mother's
Birthplace

South's Island

Name of person giving
Information

Asberry Allen Tyler

How related
to deceased

Father.

CAUSES OF DEATH

33

Primary

Tuberculosis of bladder & lungs

2 yrs

How long

Immediate

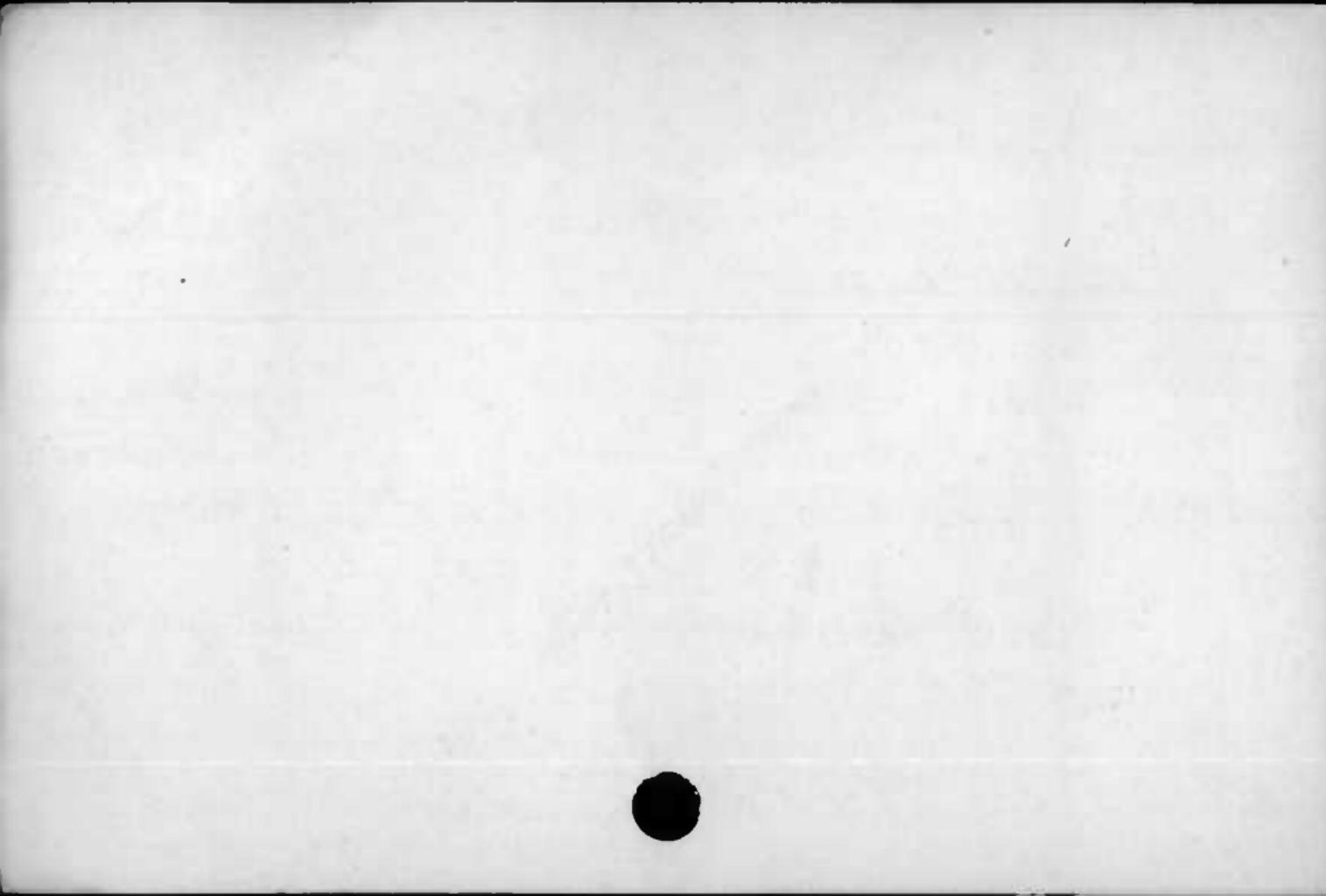
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

R H Frances

Covell,
Md.

Accident or Suicide?



Name
in
Full

Euse Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	Somerset Co
Mother's Maiden Name				Mother's Birthplace	" "
Name of person giving information				How related to deceased	Husband

Deals Island Somerset Co
Female Colored
Housewife
Married Arnold Wallace
Elzie Ward
Marie Ward
Arnold Wallace

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Senile Debility

Hour long

6 months

Immediate

Asthma

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Alexander
Somerset Co.

Yes

Accident or Suicide?



Name
in
Full

Vesta Waters

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Fairmount	Somerset		
Date of death	Month	Day	Years
1908	June	3rd	20
Age	Color or Race	Birth-place	Days
	Black	Fairmount	
Sex	Occupation	Where Residing if not at place of death	
Female	School Teacher		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Edward Waters	Father's Birthplace	Fairmount
Mother's Maiden Name	Martha Filighman	Mother's Birthplace	Somerset Co
Name of person giving Information	Martha Waters	How related to deceased	Mother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Hours

8 or 9 months

Immediate

Haemoflalysis

How long

A few hours

Are the name, age, sex, color, date and place correctly given above?

yes

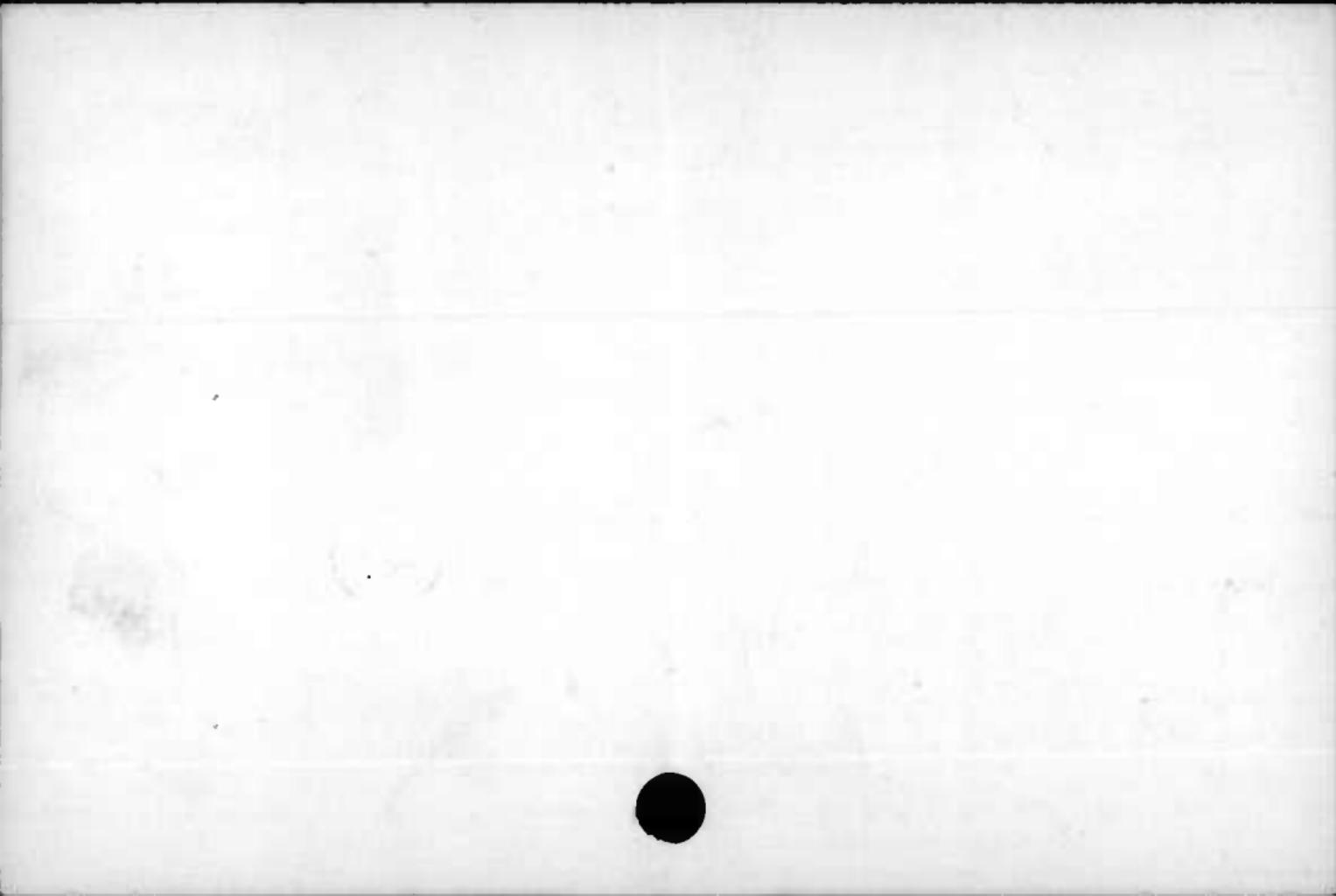
Signature of Physician

G. E. Dickinson

Address

Upper Fairmount Rd

Accident or Suicide?



Name
in
Full

Peter Wellington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Shelbytown</u>		Town	County <u>Somerset Co</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>15</u>	Age <u>21</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>Black</u>			Birth-place <u>Somerset Co</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death				
<u>Widowed</u>	<u>Single</u>	Name of Wife or Husband		Father's Birthplace <u>Somerset Co</u>		
Father's Name <u>John St. Wellington</u>			Mother's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Seah Harmon</u>			How related to deceased <u>none</u>			
Name of person giving information <u>J. F. Powell</u>						

CAUSES OF DEATH

27

Primary <u>Tuberculosis</u>	How long <u>6 mos</u>
Immediate <u>General Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. L. A. B. Allen</u>
	Address <u>Maryland</u>
Accident or Suicide?	

